

Type of Account: (Check One) Direct Account Agent Bank Account Bank Referral, new relationship

Name of Bank: _____ Branch: _____ Control Number: _____

Merchant Account Application

Business Information:

Merchant's DBA Name/ Outlet Name:			Merchant's Legal Name: (if different from Merchant's DBA Name/Outlet Name)		
Physical Street Address: (No P.O. Box)			Legal Address:		
City:	State	Zip:	City:	State	Zip:
DBA Phone Number:		Fax Number:	Corp Phone Number:		Fax Number:
Contact Name at this Address:			Contact Name at this Address:		
Email:			Email:		
Customer Service Phone Number: (Required for MOTO and Internet Merchants only)			Website Address: (Required for Internet Merchants)		

Merchant Profile: Visa / MasterCard/Discover Information:

Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Tax Exempt Org. (501C) <input type="checkbox"/> Other: _____		Market Type: <input type="checkbox"/> Retail <input type="checkbox"/> Supermarket <input type="checkbox"/> Restaurant <input type="checkbox"/> Emerging Mkt <input type="checkbox"/> Lodging <input type="checkbox"/> Public Sector <input type="checkbox"/> MO/TO <input type="checkbox"/> Auto Rental <input type="checkbox"/> P-Card <input type="checkbox"/> Other <input type="checkbox"/> E-Commerce		Sales Profile (Must Equal 100%)	
Goods or Services Sold:		SIC Code:		Card Swiped: _____%	
Years in business under Current ownership:		Federal Tax ID #: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Manually Keyed with Imprint: _____%	
Do you currently accept Visa/MasterCard? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you currently accept Discover? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mail Order / Telephone Order: _____%	
If yes, submit 3 months worth of previous statements and list previous processor: _____				Internet Order: _____%	
Does merchant accept transactions before the customer receives product or services? <input type="checkbox"/> Yes <input type="checkbox"/> No		% Of sales in this category? _____%		Total: 100%	
How long does customer wait before product is received? _____		% Of cost that is prepayment: \$ _____			
Does Merchant offer warranties, dues, subscriptions, memberships or other extended services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Duration of extended services or benefits: (in weeks) _____			
Is the Merchant seasonal: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list peak months: _____ / _____ / _____ to _____ / _____ / _____			
Monthly Visa/ MasterCard Volume:		Average Ticket:		Monthly Discover Volume:	
				High Ticket:	

Member Bank (Acquirer) Information:

HSBC Bank USA, National Association
 Merchant Support Group P.O. Box 3263
 Buffalo, New York 14240
 716-841-6360

Important Bank Member Responsibilities	Important Merchant Responsibilities
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| <ol style="list-style-type: none"> 1) A Visa Member is the only entity approved to extend acceptance of Visa products directly to a merchant. 2) A Visa Member must be a principal (signer) to the Merchant Agreement. 3) The Visa Member is responsible for educating Merchants on pertinent Visa Operating Regulations with which Merchants must comply. 4) The Visa Member is responsible for and must provide settlement funds to the Merchant. 5) The Visa Member is responsible for all funds held in reserve that are derived from settlement. | <ol style="list-style-type: none"> 1) Ensure compliance with cardholder data security and storage requirements. 2) Maintain fraud and chargebacks below thresholds. 3) Review and understand the terms of the Merchant Agreement. 4) Comply with Visa Operating Regulations. <p>The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands these specific responsibilities.</p> |
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For questions regarding Card Services, contact: AmeriMerchant, attn: Customer Service, 475 Park Avenue South 16th Floor New York, NY 10016 or call 1-877-687-5474

Note: Billing disputes must be forwarded, in writing, to Customer Service within 60 days of the date of the statement and/or notice.

Merchant Initials _____

Owners or Officers • Individual Ownership Must be Equal to or Greater than 50%:

Name 1:		Title:	Applicant's SS #:		% Equity Ownership:	
Residence Address:		<input type="checkbox"/> Rent <input type="checkbox"/> Own	City:	State:	Zip:	Home Phone:
Years There:	Driver's License:	State:	Date of Birth:		Cell Phone:	
Name 2:		Title:	Applicant's SS #:		% Equity Ownership:	
Residence Address:		<input type="checkbox"/> Rent <input type="checkbox"/> Own	City:	State:	Zip:	Home Phone:
Years There:	Driver's License:	State:	Date of Birth:		Cell Phone:	

Bank Information: (Attach Voided Check or Bank Letter)

Routing Number:	<input type="text"/>	DDA/Checking Account #:	<input type="text"/>
Bank Name:	Bank Contact Name:		Bank Contact Number:

Business Trade Suppliers – List Two:

Supplier DBA: 1.	Address:
Contact Name:	Phone #:
Supplier DBA: 2.	Address:
Contact Name:	Phone #:

Merchant Site Survey Report: (To be completed by Sales Representative)

Merchant Location:	<input type="checkbox"/> Retail Location with Store Front	<input type="checkbox"/> Office Building	<input type="checkbox"/> Residential	<input type="checkbox"/> Other: _____	Surrounding Area:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential
Does the amount of inventory and merchandise on shelves and floor appear consistent with the type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If no, explain: _____								
The Merchant <input type="checkbox"/> Owns <input type="checkbox"/> Leases the business premises			Further Comments by Inspector (must complete):					
Does the Merchant use a Fulfillment House? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, was the Fulfillment House Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No					
I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief. Verified and inspected by: (print name)								
Representative Name: X _____			Representative Signature: X _____			Date: _____		
Sales Rep Name:				Sales Rep Code:				
Sales Rep Phone Number:				Sales Rep E-mail Address:				

Equipment / Terminal Applications:

<input type="checkbox"/> Own/Reprogram/Sales Agent Supplying Equipment	Terminal Type:	# of terminals:	
<input type="checkbox"/> Purchasing Equipment from AmeriMerchant	Terminal Type:	# of terminals:	
<input type="checkbox"/> Leasing Equipment from AmeriMerchant	Terminal Type:	# of terminals:	
Imprinter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, bill: <input type="checkbox"/> Merchant <input type="checkbox"/> Sales Agent	Software / Gateway Type:	Do you accept PIN-based debit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No

Cardholder Data Storage Compliance & Service Provider:

*****PCI DSS and card association rules prohibit storage of track data under any circumstances. If you or your POS system pass, transmit, store or receive full cardholder data, then the POS software must be PA DSS (Payment Application Data Security Standard) compliant or you(merchant) must validate PCI DSS compliance [see 1(b) below] and questions 3 and 4 must be completed. If you use a payment gateway, they must be PCI DSS compliant.*****

- Have you ever experienced an account Data Compromise "ADC"? Yes No If yes, provide date of compromise? _____
 - Have you validated PCI DSS (Payment Card Industry Data Security Standard) compliance? Yes No If yes, go to 1(b); If no, go to # 2
 - Date of compliance, Report on Compliance "ROC" or Self Assessment Questionnaire "SAQ"?
 - What is the name of your Qualified Security Assessor "QSA" _____ or Self Assessment Questionnaire (circle one "SAQ") A, B, C, or D
 - Date of last scan _____ Approved Scanning Vendor's name: _____
- Are you using a "dial up" terminal or "TTC" Touch Tone Capture? Yes No
- Do you or your Service Provider(s) receive, pass, transmit or store the Full Cardholder Number "FCN" electronically? Yes No
 - If yes, where is the card data stored? Merchant's location only Merchant's Headquarter's/Corp office only Primary Service Provider Both Merchant & Service Providers Other Service Provider All apply
- What Primary Service Provider/Software Developer did you purchase your point of sale "POS" application from (ie software, gateway)? _____
 - What is the name of the Service Provider/Software Developer's application? _____ Software Version#? _____
 - Do your transactions process through any other Service Provider (ie web hosting companies, gateways, corporate offices)? Yes No
 - If yes, name of the other Service Provider? _____

Merchant Initials _____

Credit / Debit Card Services and Fee Schedules:

	New	Existing	Discount Rate:	Existing Account Number:		New	Existing	Discount Rate:	Existing Account Number:
Visa / MasterCard:	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	Diner's Club:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
American Express:	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	Discover:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Surcharge:									
Non-Qualified Max Surcharge Rate:	1.90% + .10 cents								
Discover Bus. Card:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Discover Check:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Discover Rewards:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Discover Rewards:	<input type="checkbox"/>	<input type="checkbox"/>	40%	_____

Visa / MasterCard / Discover Transaction Fee: _____ per item AMEX / Discover / Diners / Carte Blanche per Transaction Fee: \$.25 per item Debit Transaction Fee plus Network Fees: _____ per item Monthly Statement Fees: _____ monthly Minimum Monthly Discount: _____ Batch Fee: \$.25 per item Online Statements Setup Fee: _____ Online Statements Monthly Fee: _____ AVS Surcharge: \$.05 per item Interchange: _____ (no surcharges) Interchange Pass Thru: _____ (no surcharges)	Chargeback Fee / ACH reject: \$25.00 per occurrence Retrieval Fee: \$7.00 per occurrence Annual Fee: \$99.00 annually EBT Transaction Fee: _____ per item EBT Statement Fee: _____ monthly Alternative DDA Batch Fee (per batch): \$.25 per batch Wireless Transaction Fee: _____ per item Wireless Service Fee: _____ per month Wireless Activation Fee: _____ one time fee Global Transport Activation Fee: \$125 one time fee Global Transport Monthly Access Fee: \$12.00 per month Global Transport Transaction Fee: \$ 0.085 per item Global Transport Transaction Fee w/AVS: \$ 0.095 per item
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*** The forgoing discount rate, per item and authorization fees are based upon Merchant's complying with all processing requirements as established by the applicable governing authority of the payment type which qualifies Merchant for the most favorable interchange rates available for such payment type. Transactions that do not qualify for the most favorable interchange rates will be subject to surcharges up to the foregoing amounts in addition to the rate quoted. See the Card Services Terms and Conditions for more information regarding non-qualifying surcharges. In addition to the per item fee, all Debit transactions include fees assessed by the applicable network organization.

American Express:

By signing below, I represent that I have read and am authorized to sign and submit this application on behalf of the entity above and all information I have provided herein is true, complete, and accurate. I authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies. I authorize and direct American Express to inform me directly, or through the entity above, of reports about me that American Express has requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I understand that upon American Express' approval of the entity indicated above to accept the American Express Card, the terms and conditions for American Express® Card Acceptance ("Terms and Conditions") will be sent to such entity along with a Welcome Letter. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Terms and Conditions.

Merchant's Signature: X _____ Name:(printed) X _____ Title: _____ Date: _____

Acceptance of Merchant Application and Terms & Conditions / Merchant Authorization:

Your Card Services Agreement is between Global Payments Direct, Inc. ("Global Direct"), the Merchant named above and the Member named below ("Member"). Member is a member of Visa, USA, Inc. ("Visa") and MasterCard International, Inc. ("MasterCard"); Global Direct is a registered independent sales organization of Visa, a member service provider of MasterCard and a registered acquirer for Discover Financial Services LLC ("Discover"). A copy of the Card Services Terms and Conditions, revision number 05/09-AM, has been provided to you. Please sign below to signify that you have received a copy of the Card Services Terms & Conditions and that you agree to all terms and conditions contained therein. If this Merchant Application is accepted for card services, Merchant agrees to comply with the Merchant Application and the Card Services Terms & Conditions as may be modified or amended in the future. If you disagree with any Card Services Terms & Conditions, do not accept service.

IF MERCHANT SUBMITS A TRANSACTION TO GLOBAL DIRECT HEREUNDER, MERCHANT WILL BE DEEMED TO HAVE ACCEPTED THE CARD SERVICES TERMS & CONDITIONS.

By your signature below on behalf of Merchant, you certify that all information provided in this Merchant Application is true and accurate and you authorize Global Direct, and Global Direct on Member's behalf, to initiate debit entries to Merchant's checking account(s) in accordance with the Card Services Terms and Conditions. In addition by your signature below on behalf of merchant you authorize Global Direct and/or AmeriMerchant to order a consumer credit report on Merchant and you.

Merchant #1's Signature: X _____ Name:(printed) X _____ Title: _____ Date: _____
 Merchant #2's Signature: X _____ Name:(printed) X _____ Title: _____ Date: _____
 Signing for Global Payments Direct, Inc.: X _____ Name:(printed) X _____ Title: _____ Date: _____
 Signing for Member: X _____ Name:(printed) X _____ Title: _____ Date: _____

Personal Guaranty:

I/We hereby guarantee to Global Direct and Member, their successors and assigns, the full, prompt, and complete performance of Merchant and all of Merchant's obligations under the Card Services Agreement, including but not limited to all monetary obligations arising out of Merchant's performance or non-performance under the Card Services Agreement, whether arising before or after termination of the Card Services Agreement. This guaranty shall not be discharged or otherwise affected by any waiver, indulgence, compromise, settlement, extension of credit, or variation of terms of the Card Services Agreement made by or agreed to by Global Direct, Member, and/or Merchant. I/We hereby waive any notice of acceptance of this guaranty, notice of nonpayment or nonperformance of any provision of the Card Services Agreement by Merchant, and all other notices or demands regarding the Card Services Agreement. I/We agree to promptly provide to Global Direct and Member any information requested by any of them from time to time concerning my/our financial condition(s), business history, business relationships, and employment information. I/We have read, understand, and agree to be bound by the Card Services Terms & Conditions provided to Merchant and those terms and conditions contained in this Merchant Application.

Signature of Guarantor #1 (please sign below) X _____, an individual Name:(printed) X _____
 Signature of Guarantor #2 (please sign below) X _____, an individual Name:(printed) X _____

Merchant Initials _____